## §133.41 Hospital Functions and Services.

Legend: (Proposed Amendments)

<u>Single Underline</u> = Proposed new language

[Bold Print and Brackets] = Current language proposed for deletion

Regular Print = Current language

(No change.) = No changes are being considered for the designated subdivision

- (e) Emergency services. <u>All licensed hospital locations, including multiple location</u> sites, shall have an emergency suite that complies with §133.163(f) of this title, and the following.
- [(1) Emergency department. A general hospital shall have an emergency department that complies with §133.163(f) of this title and the following].
- $\underline{(1)}$  [(A)] Organization. The organization of the emergency services shall be appropriate to the scope of the services offered.
- (A) [(i)] The services shall be organized under the direction of a qualified member of the medical staff.
- $\underline{\text{(B)}}$  [(ii)] The services shall be integrated with other departments of the hospital.
- (C) [(iii)] The policies and procedures governing medical care provided in the emergency service or department shall be established by and shall be a continuing responsibility of the medical staff.
- (D) [(iv)] Medical records indicating patient identification, complaint, physician, nurse, time admitted to the emergency room, treatment, time discharged, and disposition shall be maintained for all emergency patients.
  - (2) **[(B)]** Personnel.
    - (A) [(i)] There shall be adequate medical and nursing personnel qualified

in emergency care to meet the written emergency procedures and needs anticipated by the hospital.

- (B) [(ii)] There shall be on duty <u>and available</u> at all times at least one person qualified as determined by the medical staff to initiate immediate appropriate lifesaving measures. <u>In general hospitals where the emergency treatment area is not contiguous with other areas of the hospital that maintain 24 hour staffing by qualified staff (including but not limited to separation by one or more floors in multiple occupancy buildings), qualified personnel must be physically present in the emergency treatment area at all times.</u>
- (C) [(iii)]The hospital shall provide that one or more physicians shall be available at all times for emergencies.
- (i) General hospitals located in counties with a population of 100,000 or more shall have a physician qualified to provide emergency medical care on duty in the emergency treatment area at all times.
- (ii) Special hospitals and general hospitals located in counties with a population of less than 100,000 shall have a physician on call and able to respond in person, or by radio or telephone within 30 minutes.
- (D) [(iv)] Schedules, names, and telephone numbers of all physicians and others on emergency call duty, including alternates, shall be maintained. Schedules shall be retained for no less than one year.
- (3) [(C)] Supplies and equipment. Adequate <u>age appropriate</u> supplies and equipment shall be available and in readiness for use. <u>Equipment and supplies</u> [Facilities] shall be available for the administration of intravenous medications as well as facilities for the control of bleeding and emergency splinting of fractures. Provision shall be made for the storage of blood and blood products as needed. The emergency equipment shall be periodically tested according to the policy established by the hospital.
- (4) **[(D)]** Required emergency equipment. At a minimum, the <u>age appropriate</u> emergency equipment and supplies shall include the following:
  - (A) [(i)] emergency call system;
  - (B) **[(ii)]** oxygen;
- $\underline{\text{(C)}}$  [(iii)] mechanical ventilatory assistance equipment, including airways, manual breathing bag, and mask;

- (D) [(iv)] cardiac defibrillator;
- (E) [(v)] cardiac monitoring equipment;
- (F) [(vi)] laryngoscopes and endotracheal tubes;
- (G) [(vii)] suction equipment; [and]
- (H) [(viii)] emergency drugs and supplies specified by the medical staff;

[.]

- (I) stabilization devices for cervical injuries;
- (J) blood pressure monitoring equipment; and
- (K) pulse oximeter or similar medical device to measure blood oxygenation.

## [(E) Exceptions.]

- [(i) A comprehensive medical rehabilitation hospital shall comply with subparagraphs (A)-(D) of this paragraph but need not comply with the requirement for an emergency department. At a minimum, an emergency treatment room shall be provided in accordance with §133.163(f)(1)(B)(v) of this title. The emergency treatment room may be located anywhere in the hospital.]
- [(ii) A pediatric and adolescent hospital shall comply with subparagraphs (A)-(D) of this paragraph but need not comply with the requirement for an emergency department. At a minimum, an emergency treatment room shall be provided in accordance with §133.163(f)(1)(B)(v) of this title. The emergency treatment room may be located anywhere in the hospital.]
- [(2) Emergency treatment room. A special hospital shall comply with paragraph (1)(A)-(D) of this subsection except for the requirement in paragraph (1) concerning the emergency department. Each special hospital shall have at least an emergency treatment room that complies with §133.163(f)(1)(B)(v) of this title. The emergency treatment room may be located anywhere in the hospital.]
  - (5) Emergency services for survivors of sexual assault.
- (A) The hospital must develop, implement and enforce policies and procedures to ensure that a sexual assault survivor who presents to the hospital following a sexual assault is:

- (i) provided the care specified under subparagraph (B) of this paragraph; or
- (ii) stabilized and transferred to a health care facility designated in a community-wide plan as the health care facility for treating sexual assault survivors, where the survivor will receive the care specified under subparagraph (B).
- (B) A hospital which provides care to a sexual assault survivor shall provide the survivor with the following:
- (i) a private area, if available, to wait and to speak with the appropriate medical, legal and sexual assault crisis center staff or volunteers until a physician, nurse, or other qualified medical personnel is able to treat the survivor;
  - (ii) a private treatment room, if available;
- (iii) a forensic medical examination in accordance with Government Code, Subchapter B, Chapter 420, if the examination has been approved by a law enforcement agency;
- (iv) access to a sexual assault program advocate, if available, as provided by Code of Criminal Procedure, Article 56.045;
- (v) the department's standard Information Form for Sexual Assault Survivors, which may be obtained through the department's website or by contacting the hospital licensing program at 512-834-6646;
- $\underline{\text{(vi) the name and telephone number of the nearest sexual assault crisis}} \\ \text{center; and}$
- (vii) if indicated, access to appropriate prophylaxis for exposure to sexually transmitted infections.
- (C) Upon request, the hospital shall submit to the department their plan for the provision of service to sexual assault survivors. The plan must describe how the hospital will ensure that the services required under subparagraph (B) of this paragraph will be provided.
- (i) The hospital shall submit the plan by the 60th day after the department makes the request.
- (ii) The department will approve or reject the plan not later than 120th day following the submission of the plan.

(iii) If the department is not able to approve the plan, the department will return the plan to the hospital and will identify the specific provisions with which the hospital's plan failed to comply.

(iv) The hospital shall correct and resubmit the plan to the department for approval not later than the 90th day after the plan is returned to the hospital.